PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |  |   |                                       |   |                            |   | Application or Docket Number<br>10/516,820 |                        |    | ing Date<br>07/2004   | To be Mailed           |
|---|--|---|---------------------------------------|---|----------------------------|---|--|------------------------|----|-----------------------|------------------------|
|   | AF   | PPLICATION A                              | AS FILE                               | OTHER THAN SMALL ENTITY □ OR SMALL ENTITY                                     |                            |   |  |                        |    |                       |                        |
| ⊢   | FOR  |   | NUMBER FILED                          |   | (Column 2)<br>NUMBER EXTRA |   | RATE (\$)                                  | FEE (\$)               |    | RATE (\$)             | FEE (\$)               |
|   | BASIC FEE<br>(37 CFR 1.16(a), (b),                                     | $\neg$                                    | N/A                                   | LD NO   | N/A                        | ı | N/A  | 122(0)                 |    | N/A                   | TLL (0)                |
|   | SEARCH FEE   |   | N/A                                   |   | N/A                        | 1 | N/A  |                        |    | N/A                   |                        |
|   | (37 CFR 1.16(k), (j), (<br>EXAMINATION FE<br>(37 CFR 1.16(o), (p), (p) | E   | N/A                                   |   | N/A                        | ı | N/A  |                        |    | N/A                   |                        |
|   | TAL CLAIMS<br>CFR 1.16(i))   |   | minus 20 = *                          |   |                            |   | x \$ =                                     |                        | OR | x s =                 |                        |
| IND   | EPENDENT CLAIM<br>CFR 1,16(h))   | s   | minus 3 = *                           |   |                            | ı | x \$ =                                     |                        |    | x \$ =                |                        |
|   | APPLICATION SIZE<br>37 CFR 1.16(s))                                    | FEE shee<br>is \$2<br>addit               | ts of pape<br>50 (\$125<br>ional 50 s | gs exceed 100<br>n size fee due<br>for each<br>n thereof. See<br>CFR 1.16(s). |                            |   |  |                        |    |                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |  |   |                                       |   |                            |   | TOTAL                                      |                        |    |                       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |  |   |                                       |   |                            |   |  |                        | ı  | TOTAL                 |                        |
| APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY   |  |   |                                       |   |                            |   |  |                        |    |                       |                        |
| AMENDMENT   | 12/18/2008   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                   | PRESENT<br>EXTRA           |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|   | Total (37 CFR<br>1.16())   | · 16                                      | Minus                                 | <b></b> 23  | = 0                        |   | x \$ =                                     |                        | OR | X \$52=               | 0                      |
|   | Independent<br>(37 CFR 1.16(h))  | • 3                                       | Minus                                 | <del></del> 3   | = 0                        | ı | x \$ =                                     |                        | OR | X \$220=              | 0                      |
|   | Application Size Fee (37 CFR 1.16(s))                                  |   |                                       |   |                            |   |  |                        |    |                       |                        |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))        |   |                                       |   |                            |   |  |                        | OR |                       |                        |
|   |  |   |                                       |   |                            | • | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE | 0                      |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |   |                            |   |  |                        |    |                       |                        |
| AMENDMENT   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                   | PRESENT<br>EXTRA           |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|   | Total (37 CFR<br>1,16(i))  |   | Minus                                 | **  | -                          | l | x \$ =                                     |                        | OR | x s =                 |                        |
| M   | Independent<br>(37 CFR 1.16(h))  |   | Minus                                 | ***   |                            | 1 | x \$ =                                     |                        | OR | x \$ =                |                        |
| 딦   | Application Size Fee (37 CFR 1.16(s))                                  |   |                                       |   |                            | ] |  |                        |    |                       |                        |
| AM  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))        |   |                                       |   |                            |   |  |                        | OR |                       |                        |
|   |  |   |                                       |   |                            |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE |                        |
| If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Provousy Paid For IN THIS SPACE is less than 5, enter "3". |  |   |                                       |   |                            |   |  |                        |    |                       |                        |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 US of 22 and 37 CER 1.4. This collection is estimated to state 2 remarked to complete in exident gradients on estimated to the size 2 mid-marked to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent of the Child formation of Direc. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS